STATE TITLE V BLOCK GRANT NARRATIVE
STATE: MP
APPLICATION YEAR: 2006

I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

Signed copies of Assurances and Certifications along with the Maternal and Child Health grant application are on file at the Division of Public Health. All Division staff have knowledge of this information and have access to the files.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

Public input is gathered from the following sources:

• Advisory committee (please note that we also get comments/inputs from other committees such as Interagency Coordinating Council, Head Start Health Advisory Committee, Family Planning Advisory Committee)

• Surveys and focus groups-- i.e., tobacco survey, community health survey, patient satisfaction survey, prenatal focus group

• Radio, television, and newspaper -- we also appear on a local live tv show with a call-in format

• Brochures about services we provide with contact names and numbers

• Community events -- we have a jar full of questions such as how often must a woman get a pap smear, what is prenatal, recommendations to improve service delivery, etc. so that we can raise awareness of preventive services

• Presentations at leadership meetings such as the Public School System Leadership Team meeting

• CNMI state point of contact for grants is the Office of Management and Budget -- this year we will be sending out electronically hrsa mchb's Title V web-site address to various agencies

II. NEEDS ASSESSMENT

In application year 2006, the Needs Assessment must be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

The Commonwealth of the Northern Mariana Islands (CNMI), an archipelago of 14 volcanic islands, is approximately 3,700 miles west of Hawaii, 1,300 miles from Japan and 2,900 miles east of the Philippines. The population of CNMI lives primarily on three islands, the major island being Saipan (12.5 miles long by 5.5 miles wide), followed by Tinian and Rota. CNMI became a U.S. Commonwealth in 1975 and its residents (excluding foreign contract workers) are U.S. citizens. The 2000 U.S. Census reported the total population of the CNMI at 69,221 residents with Chamorros and Carolinians (indigenous population) comprising 34% of the total population with approximately 90% living in Saipan. The remaining 66% of the population is comprised of guest workers from the Philippines, China, and other Asian countries; business owners from Japan and Korea; other Pacific Islanders; and Caucasians.

The Department of Public Health is a line department in the Executive Branch. The CNMI's State Title V Program is administered through the Division of Public Health's Maternal and Child Health Program, including Children with Special Health Care Needs. Maternal and child health services are provided at the following:
• Northern Community Wellness Center located in the village of San Roque;
• Southern Community Wellness Center located in the village of San Antonio;
• Women's and Children's Clinic located in the village of Garapan at the Commomwealth Health Center;
• Rota and Tinian Health Center.
Services are provided in collaboration with other agencies, both private and governmental. For example, through a memorandum of agreement, immunization services are provided at five private health clinics on the island of Saipan.

The authorized representative is the Secretary of Public Health, James U. Hofschneider, MD, who is appointed by the Governor. The Governor also appoints the Deputy Secretary for Public Health Administration, Pedro T. Untalan, MHA.

The Department of Public Health (DPH) is the sole provider of comprehensive health care services in the CNMI. The Department, through the Commonwealth Health Center (CHC), provides a wide range of preventative (public health) and curative health services aimed at protecting and improving the health and quality of life for the people of the CNMI. CHC is a 74 bed capacity facility located on Saipan. Sub-hospitals are located on the islands of Rota and Tinian. The single greatest factor straining the resources of the health care system is the rapid population growth over the past decade. As a result of this unanticipated population increase, the health care system cannot provide adequate services. There has not been an expansion of the health care infrastructure considering the rapid increase in population. Insufficient human and material resources hamper strategic health planning.

The Division of Public Health's initiatives include:
• To lessen health disparities by providing accessible primary care, enhancing disease prevention activities and intensifying public health awareness.
• To provide appropriate primary care to everyone in the CNMI, especially for targeted populations such as women and children, including children with special health care needs, indigent, and the elderly.
• To provide sustainable school based clinic programs in the high schools.
• To establish a fully operational community health center in Kagman/Chacha and to expand and renovate the wellness centers in San Antonio and San Roque.
• To establish a comprehensive approach to health problems rather than a vertical approach such as more multi-sectored that would include major stakeholders.
• To "delink" structurally and programmatically from the Hospital Division in such areas as data and financial system.
• To develop a data infrastructure unique to the needs of all the programs in the Division;
• To decrease the burden of diabetes such as the high incidence of end stage renal disease

associated with diabetes, lower extremity amputations and blindness by detection, management, and education of the community.
• To reestablish environmental health as an integral component in the health care model.
• To build up local manpower capacity for sustainability;
• To continually review how we deliver care (acute, prevention, promotion) and develop innovative processes to address budgetary and manpower constraints.

The need to build and improve our current local health care manpower for sustainability of our public health programs is imperative to improving delivery of services to our community. This is also in line with the strategic plan for future health initiatives stated in the Institute of Medicine (IOM) report. One of the four recommended approaches includes promoting the education and training of the health care workforce (IOM, 1998). Through the University of Hawaii, John A. Burns School of Medicine, the CNMI has an Area Health Education Center (AHEC) grant. The CNMI AHEC's mission is to improve the health services of the Commonwealth by establishing a sustainable healthcare manpower program through strengthening CNMI's capacity to recruit and retain allied health professions to serve the health needs of the islands. The program will develop competent, committed and compassionate health professionals for the CNMI. Its vision is to improve the quality of healthcare services and reduce disparities in health conditions in the CNMI. In addition, there are currently three Division staff attending the MCH Certificate Program from the University of Hawaii; we are in collaboration with WHO, Dr. Peter Milgram from University of Washington and Dr. Ohnmar Tut from the Republic of Marshalls to conduct training for Dental Assistants to effectively conduct outreach activities in oral health; and in collaboration with the Pacific Islands Health Officers Association (PIHOA) we are sponsoring a series of courses dealing with public health disease surveillance and investigation. The shortage of local manpower impacts health service delivery in that there is the need to recruit manpower from the U.S. or other countries such as Canada. This recruitment process is lengthy and at a high cost for the Department plus the turnover rate is high.

The need to improve our data infrastructure impacts the way we plan activities for the programs and evaluate the effectiveness of services/activities we provide to the community. Data elements were submitted to the system administrator using the MCH performance measure detailed sheet format for warehousing. Key staff has had meetings with other Departments regarding required data needs for grant submissions.

Other factors impacting health services delivery include the size of the facilities -- plans are underway to begin renovation and expand both facilities in July 2005 - and shortage of funds and availability and accessibility of health services.

The development of homestead lots in the CNMI is growing rapidly and is a geographic challenge in reducing health disparities. These homestead lots are both residential and farming community. Majority of the larger homestead lots are located miles away from the nearest health facility -- private or governmental. There is no public transportation on the island. This has pose as a challenge for the Division in ensuring the availability and accessibility of services. For example, the Kagman Homestead area is located in the northeast side on the island of Saipan with a population of about 8,000. These are young families living in the area. There is two Head Start Schools, one elementary, middle, and high schools. The nearest health facility is located on the west side of the island which is about 7 miles away.

The CNMI Division of Public Health, Department of Public Health, conducted the Kagman Community Health Survey to examine the health care status and health care needs of residents in the village of Kagman. The results of this survey were included in a pending community health center Section 330 grant application. The Division of Public Health conducted a house-to-house survey in the village of Kagman in April and May of 2004. Four hundred and fifty eight household residents participated in the survey. Kagman village is one of the fastest growing villages in the CNMI with a projected growth to 10,000 within the next three years. It is a residential and farming community. Survey results indicate that 24% of those surveyed were unemployed. The following are some key findings of the Kagman Community Health Survey (Please see attached Kagman Community Health Survey Report):

• 91% responded that distance and lack of transportation are the major factors for not getting health care for their family;
• 75% receive their health care from public health facilities;
• 61.7% of the household respondents admitted that they are not getting regular medical care for their chronic illness due to financial, lack of transportation, and distance to the nearest health facility;
• As far as health insurance, 37.3% said Medicaid; 22.5% said government health insurance, and 10.7% are uninsured.

The Division will start renovation of the former Juvenile Detention Building to establish the Kagman Community Health Center. The health center will be a freestanding, single facility outpatient clinic for all residents of District 10. The Health Center will combine both wellness services focusing on preventive programs, along with low-cost but effective primary care services. The proposed service delivery model and programs will be focused on comprehensive outpatient primary care to include, but not limited to, prevention, outreach, community education, dental care, school-based health programs, case management of high risk patients, especially those with or at-risk for diabetes, and substance abuse and mental health counseling. Enabling services will also be provided to those who are identified as being in need of such services. Community outreach workers will work with other social service providers for eligibility assistance.

Another challenge in reducing health disparities involves the Medicaid Program and the government sponsored health insurance plan. Out of approximately 30,000 women of childbearing age within the CNMI, only 8,723 (men and women) people were enrolled in the Medicaid program. The Medically Indigent Assistance Program had only 912 enrollees in FY2002. The Medicaid program, itself, is very limited because the US federal government caps CNMI Medicaid expenditures--effectively creating a block grant program that remains at the same level regardless of expenditures. Currently, the CNMI Medicaid program spends $7,297,828 (FY'04) per year but gets only $2,381,000 (FY'04) n federal Medicaid funds. This accounts for 18% of the total expenditures. Medicaid is only accepted at the government run health facilities. This presents a unique challenge in reducing health disparities in that Medicaid clients cannot access the health care available at the private clinics. In addition, Medicaid's first priority for payment is the off-island providers. Also, the government sponsored health insurance plan (HPMR) is currently not being accepted at the private clinics due to non-payment for the past three years. Again, the priority for the insurance program is to pay off-island providers first.

Finally, employers of contract workers (imported laborers brought on contract to work in CNMI) are required to pay either directly or through insurance for the people they employ. The contract workers are usually low-paid service jobs including garment workers; hotel, restaurant, and domestic; construction; and agricultural workers. More than 15,000 women are non-resident workers whose employers pay for emergency medical care and childbirth costs. However, some employers comply with this requirement but many do not. Therefore, majority of non-resident workers that deliver had no prenatal visits.

B. AGENCY CAPACITY

The Maternal and Child Health Program is under the Division of Public Health. Our strategy is to provide comprehensive and holistic community health services, including medical, dental, mental health, substance abuse counseling, perinatal, nutrition, and family planning, all supplemented by enabling services including outreach, case management, and transportation. Other strategies are: 1) work with schools to ensure that all children enrolled are up to date with their immunization; 2) collaborate and partner with other agencies, both private and governmental, during island-wide community events which will strongly emphasize lifestyle behavioral changes especially with health care practices, diet, and physical fitness; 3) establish a network linkage with other providers to inform them of health news, health alerts, awareness events, training, etc.; 4) develop partnership with other agencies to ensure continuity of care.

Preventive and primary care services for pregnant women and mothers:
• Prenatal Care: Prenatal care is provided at the Southern and Northern Community Wellness Centers, Women's Clinic located at the Commonwealth Health Center, and Rota and Tinian Health Center. It is also provided at the Adolescent Health Center. The first visit involves prenatal first visit intake/interview by nurse, physical exam (pap smear), blood work, counseling, including HIV testing. The revisit exams include monitoring fetal's growth and development and the mother's condition, and providing education. Information on the prenatal education classes is provided at this time. As mentioned in the organizational structure narrative, staffing at the Northern and Southern Community Wellness Center includes a family practitioner, a midwife, two women's health nurse practitioners, two nursing assistants, one LPN, and six registered nurses. There are four OB/GYNs at the Women's Clinic for referrals of high risk cases such as diabetes, heart problems, or with a special health need. Please note that the Women's and Children's Clinic is under the organizational structure of the Hospital Division. Prenatal care visits are provided five days a week from 7:30 a.m. to 4:30 p.m. Increasing the percentage of adequate prenatal care visits, especially during first trimester, continues to be a focus for the Division. Another focus area is to have all mothers screened during pregnancy for the following: Hepatitis B, Syphilis, Gonorrhea, Chlamydia, Rubella, Diabetes, Hypertension, Cervical Cancer, Group B Streptococcus, and antibody screening.
• Postpartum Care: Postpartum clinic is held on Mondays, Tuesdays, and Thursdays. There is a one-week postpartum clinic in which women are educated on body changes, breastfeeding, nutrition, etc one week after delivery. The six weeks postpartum clinic provides family planning counseling and contraceptives.
• Breastfeeding Clinic: Newborn assessments -- make sure that lungs are clear, weight gain is appropriate, regular rhythm of the heart, condition of cord, check testicles for boys, vaginal discharge. Check mother's breast for nipple sores, engorgement, reinforce breastfeeding techniques. We send two staff to attend a breastfeeding training this year. This service is provided on Mondays, Tuesdays, Wednesdays, and Fridays.
• Family Planning: The primary focus of the Family Planning Program is to reduce the numbers of unplanned pregnancies and the prevention of teen pregnancy. More than 55 percent of all pregnancies occurring in the Commonwealth of the Northern Mariana Islands were unintended in 2004. One important determinant of pregnancy and birth rates is contraceptive use. The proportion of all females aged 15-44 years who currently are practicing contraception in the CNMI is unknown. However, in the CNMI's 2004 Family Planning Annual Report, we recorded 1,471 unduplicated female family planning users of various methods. Using this known number of female family planning users, we can estimate that less than five percent of females within the total female childbearing population of the CNMI [30,703 women] utilize a family planning method through the CNMI Title X Family Planning program. Services are provided every day for scheduled appointments and walk-ins.
Table 2.14 Teen Birth Rates, CNMI [Rate per 1,000]
Age 2004 2003 2002 2001 2000
Age 15-19 45.1 49.2 45.0 66.5 63.0
Age 15-17 34.5 49.0 37.0 51 58.0
Age 18-19 54.4 69.0 68.0 100 81.0
Source: Health and Vital Statistics Office, DPH

• STD/HIV Prevention: The program moved into their new office, STD/HIV Resource and Treatment Center, in December 2002. The center, located away from the Commonwealth Health Center, provides pre and post counseling, partner identification and notification, treatment, and case management. Some goals of the program include opening test sites out in the community and mass media campaigns emphasizing on behavioral change. It works closely with the school system and other community groups to conduct educational awareness activities. Training for staff, including nurses at the public and private sectors, on HIV pre and post counseling is done every two years. The program has an educational booth at the Northern Marianas College. There are plans to include testing at the college. Testing is currently done at the Northern and Southern Wellness Centers, Adolescent Health Center, and the Commonwealth Health Center.

There have been a total of twenty-seven (27) persons with known HIV infection in the CNMI since 1997 until the present.

• Twenty-three (23) of the twenty- seven (27) persons tested positive in the CNMI.
• Four (4) migrated to the islands and were already diagnosed HIV positive (+) elsewhere.
• All of the Twenty-seven cases (27) consist of the following:
a) Two (2) perinatal transmissions (1 male/1 female).
b) Five (6) men who have sex with other men (MSM).
c) Fifteen (15) were of heterosexual background (4 male/11 female).
d) Four (4) were of unknown preferences (3 male/1 female).
• Out of the twenty-three cases (23) diagnosed in the CNMI, eleven (11) tested positive through the Alien Health Screening (contract workers). All of the eleven (11) contract workers voluntarily left back to their place of origin.
• Out of the twenty-three (23) cases/including the four (4) people that migrated to the islands and were already HIV (+),
o Six (6) are still here in the CNMI and are receiving care, four (4) are HIV (+) in Saipan, (1) in Tinian, and one (1) HIV (+) in Rota.
o Out of the twenty-seven (27) cases, eight (8) have died - four (4) died in CNMI and four (4) died elsewhere.
o The remaining thirteen (13) have since left the CNMI.

The program works closely with the Office of Health Promotion and Wellness in promoting public awareness regarding STD/HIV prevention. Community outreach activity is done in collaboration with other agencies, such as the public and private schools, and Karidat. The Program provides health education and awareness, as well as HIV testing, to private entities and surveys are also conducted. The primary challenge is to modify the behavior of the populace in regards to their sexual behavior, e.g., understanding the consequences of engaging in high-risk behavior and being responsible for their health.
- Breast and Cervial Screening: Breast cancer and cervical cancer screening exams such as pap smears, clinical breast exams, and mammograms are provided to women over 40 years of age at no cost to women that meet the program's criteria. Eligibility assistance and transportation is provided to clients; transportation includes air fare tickets to clients in Rota and Tinian for mammograms. In addition, program staff conducts outreach presentations on early detection and prevention including risk factors. Supplemental activities include providing services at night and free mammograms for one month for all women. The program is currently being funded by the Tobacco Control Fund since 1999.

• Women's Health: Gynecological services -- pap smears and consultations - are provided at the Wellness Centers, and Rota and Tinian Health Centers. The referral clinic for complicated cases to the Women's Clinic.

Preventive and primary health care services for infants and children:
• Immunization: The Immunization Program provides the vaccines for children, works with the schools to ensure that all children are up to date with their vaccinations, collaborates with the private clinics to ensure availability and accessibility of service, continues to work with different ethnic groups to promote awareness of the importance of age appropriate immunization, and overall continue to work to achieve goals and objectives in the measles elimination plan for the CNMI. Immunization is provided at the public health facilities and all of the six private clinics. The basic immunization series includes Diphtheria, Pertussis and Tetanus (DPT), Polio (OPV), Mumps, Measles, and Rubella (MMR), Hepatitis B (HBV), and Hemophilus influenza type b (Hib).
Table 13. Vaccine Preventable Disease Morbidity, CNMI 1996-2000
Disease CY2000 CY2001 CY2002 CY2003 CY2004
Diphtheria 0 0 0 0 1
Tetanus 1 0 0 0 0
Pertussis 0 0 0 0 0
Measles 0 4 0 0 0
Mumps 1 0 0 0 0
Rubella 0 0 0 0 0
Polio 0 0 0 0 0
HiB 0 0 0 0 0

The staff are daily tracking children that are not up-to-date and making telephone calls to parents. For those children that have no transportation the nurse goes on home visits to give the shots. Supplemental activities are done during immunization awareness month with extended clinic hours, providing immunization during community events, going to the villages, and collaboration with other agencies. Walk-in policy has been reinstated. One of the challenges that the program has struggled with is that we have no idea how to identify children that have exited the islands. As an update to this challenge, we have met with the Secretary of Labor and Immigration and we have worked out a solution to this challenge.

In addition, the program is responsible for the issuance of the school health certificate upon completion of immunization. By law, all children are required to be up-to-date on their immunizations before they can enter school.

• Well Baby/Child Clinic: Well Baby/Child Clinic is provided at the two wellness centers and the Children's Clinic. The function has been transferred out to the wellness centers and appointments are made to the Children's Clinic only if parents make a request. Services provided include immunization, health education and counseling including nutrition, assessment and monitoring for growth and development and other underlying health problems, and physical examinations. Referrals are also being done such as for dental care, hearing screening, early intervention services, specialty clinics, and home visits. The promotion of breastfeeding is actively done during these visits. Physical examinations include vision and hearing screening. Again, the referral site for complicated cases or for consultation is the Children's Clinic. There are currently four full-time pediatricians. This clinic is held every Mondays, Tuesdays, and Thursdays.

• Outreach Program: This consists of the home visit nurses. The two barriers to the program are first the inadequate numbers of staff to fully attend to the increase load for home visit and transportation.

• School Health Program:

1. A school health certificate is required for all children entering school for the first time in the CNMI. In order to get the school health certificate a physical examination (including hearing and vision screening) is required and they must have completed the required immunization series for that age group. Parents continue to call to schedule physical examinations in late July and August. Physical examination is also provided at the private clinics.

2. Dental Fluoride and Sealant Program: This program has proven to be one of the successful collaboration between the Division and the School System (both public and private) and the parents. Our collaboration with the Public School System involves the Head Start Program and children in grades first, fifth, and sixth, the same for the private schools. Our collaboration with the Head Start Program involves parents bringing their children to the Dental Clinic for fluoride varnish and sealant application. Oral health education is also provided at the Clinic. During school year 2003-2004, we have started for children requiring treatment and procedures. In addition, the staff follows up with telephone call reminders. There have been a high number of no shows for the scheduled appointments. The Head Start Program provides the Division with fluoride and sealant application kits and toothbrushes. They also pay for travel for Dental staff to go to Rota and Tinian to conduct outreach activities and also to assist with the program in each island. The children in first, fifth, and sixth grades in the public and private schools, including Rota and Tinian, are bussed to the Dental Clinic per an agreement with the public school system. Services provided include mouth examination in which they are assessed for caries and periodontal diseases, sealant application, and education. The children are given report cards on their dental assessments so parents can make necessary appointments for further dental treatment and procedures.

The Dental Clinic provides services that include general dentistry such as sealant application, fluoride tablets, education/counseling, community outreach activities, cleaning, extraction, fillings, prophylaxis, and dentures. With the recruitment of another dental hygienist, more awareness and education on oral health will be provided at the school level. Building up the skills of staff and replacing/upgrading the equipment continues to be a focus of the Dental Unit.

TABLE 14. CNMI DENTAL HEALTH SEALANT PROGRAM 1st, 2nd, 5th & 6th, 1996 - 1997

SCHOOL NAME	TOTAL ENROLLED	TOTAL ASSESSED	% PARTICIPATION	TOTAL NUMBER TEETH SEALED	CARIES W/CARIES	% ASSESSED
KOBLERVILLE	222	186	186/222=84%	411	186	186/186=100%

SAN ANTONIO 186 131 131/186=71% 259 123 123/131=94%
WSR 455 350 350/455=77% 924 304 304/350=87%
OLEAI 287 238 238/287=83% 719 202 202/238=85%
GARAPAN 481 384 384/481=80% 1158 343 343/384=90%
TANAPAG 231 175 175/231=76% 600 156 156/175=90%
GRACE CHRISTIAN 214 149 149/214=70% 422 128 128/149=86%
MT. CARMEL 231 139 139/231=61% 334 91 91/139=66%
GTC 194 131 131/194=68% 571 120 120/131=92%
SAN VICENTE 467 467 467/467=100% 1608 376 376/467=81%
TOTAL 2968 2350 2350/2968=80% 7006 2029 2029/2350=87%

TABLE 15. CNMI DENTAL HEALTH SEALANT PROGRAM 1st, 2nd, 5th & 6th, 1997 - 1998
TOTAL TOTAL % PARTICIPATION TOTAL NUMBER CARIES % ASSESSED
SCHOOL NAME ENROLLED ASSESSED TEETH SEALED W/CARIES
KOBLERVILLE 249 210 210/249=84% 553 183 183/210=87%
SAN ANTONIO 200 114 114/200=57% 224 100 100/114=88%
WSR 485 279 279/485=57% 1037 255 255/279=91%
OLEAI 299 233 233/299=78% 548 198 198/233=85%
GARAPAN 517 436 436/517=84% 1125 386 386/436=89%
TANAPAG 231 164 164/231=71% 578 161 161/164=98%
GRACE CHRISTIAN 228 114 114/228=50% 520 80 80/114=70%
MT. CARMEL 250 180 180/250=72% 686 162 162/180=90%
GTC 201 157 157/201=78% 518 149 149/157=95%
SAN VICENTE 633 470 470/633=74% 1721 377 377/470=80%
TOTAL 2968 2350 2350/2968=80% 7006 2029 2029/2350=86%

Table 16. CNMI DENTAL HEALTH SEALANT PRORAM 1st, 2nd 1998 -- 1999
School Name Total Total % participation Total Number Caries % Assessed
Enrolled Assessed Teeth Sealed With caries
GTC 124 90 90/124=73% 155 86 86/90=96%
Tanapag 124 93 93/124=75% 167 91 91/93=98%
Garapan 293 284 284/293=97% 551 258 258/284=91%
Oleai 156 140 140/156=90% 310 123 123/140=88%
WSR 289 209 209/289=72% 434 195 195/209=93%
San Antonio 100 98 98/100=98% 234 93 93/98=95%
Koblerville 127 109 109/127=86% 208 104 104/109=95%
Mt. Carmel 155 114 114/155=74% 334 78 78/114=68%
GCA 109 90 90/109=83% 183 74 74/90=82%
San Vicente 322 274 274/322=85% 521 240 240/274=88%
Rota Private School 24 16 16/24=67% 61 14 14/16=88%
Rota Elementary 94 70 70/94=74% 159 69 69/70=99%
Tinian Elementary 110 107 107/110=97% 316 97 97/170=91%
Tinian GCA 40 32 32/40=80% 79 29 29/32=91%
TOTAL 2067 1726 1726/2067=84% 3702 1551 1551/1726=90%

• Mental Health and Social Services: School counselors and other service providers work closely with the staff of the Community Guidance Center. Health. The staff consists of two Clinical Psychologists, two Psychiatrists, three substance abuse counselors, two Social Worker I, three Social Worker II, one Mental Health Counselor and administrative and support staff.

Services for children with special health care needs:
The Children with Special Health Care Needs (CSHCN) Program: is a component of the MCH Program. Services are set up to promote an integrated service delivery system for CSHCN from birth to twenty-one years of age and their families. We work to ensure that children not only receive specialized health care that they need but that they are up-to-date with their immunizations and that they avail, if qualified, to the different social service programs on island. One priority of the program is

to identify these children at the earliest age possible, preferably right after birth. The entry point is a referral to the early intervention services program located at the Children's Developmental Assistance Center. However, most of our referrals are for children 8 months and older. We want to make the referral age to be at 7 months. There are care coordinators, special education teachers, social worker, and occupational, physical, and speech therapists on staff for the 0-3 years old. We have a community health nurse who oversees the coordination of specialty care that our children need.
The Program works collaboratively and cooperatively with other agencies and departments to provide appropriate education and support services needed to meet their social, emotional, physical, and medical needs. Specialty clinics, such as Pediatric Cardiology, and Shriners, are conducted throughout the year. We continue with activities such as parents' night.
The challenges of the program include the following:
• the lack of qualified professionals on-island for specialized services;
• clients who do not qualify for SSI, Medicaid, etc., because of citizenship status
• the lack of respite care facility for families of CSHCN -- please note that through the CNMI Developmental Disabilities Council in which the MCH Coordinator is the secretary of the executive council, we did apply for a Real Choice Systems grant to provide respite care. However, funds are not enough for everyone and only one provider applied.
• Pediatricians are on a two year contract and we continue to struggle with the shortage of pediatricians. Parents/children get use to one particular provider and after two years he/she does not renew and thus a change in provider. This was one thing mentioned from the survey as far as continuity of care.

Preventive and primary health care services for adolescents:
The Division of Public Health, through its preventive and primary health care service delivery, continues to emphasize decreasing the numbers of unplanned pregnancies and teen births in the CNMI. Our goal is to provide comprehensive interventions at age-appropriate levels in a culturally sensitive manner that will impact the possibilities of teenage sexual activity, including, but not limited to unplanned pregnancies and teen births, HIV in the adolescent and young adult population, sexually transmitted infections, and emotional and physical coercion in sexual activity. Through the Adolescent Health Center, the Division has managed to remove the barrier of access to service by meeting teens in their environment thus eliminating disparities. This clinic meets the students in a confidential setting where education and clinical exams are achieved on site. On-site educational and clinical services in the high school setting allow ease of access, confidentiality, and personal counseling within an environment that is neither restrictive nor intimidating. Students are always encouraged to include their parents or families in decision-making about sexuality. We have plans to implement a collaborative effort with the Public School System to introduce an abstinence curriculum into the middle schools, including sexuality and STIs in addition to clinical services. For the Healthy Teen Piolot Program Grant Proposal a survey was conducted to 174 students from Marianas High School. Some services that students would like to be offered at the school clinic include HIV/STD (70%), Physical Examinations (64%), Suicide/Substance abuse counseling (61%), Diet and Nutrition (60%), Family Planning (47%), and Immunization (46%). These services are currently being provided at the Adolescent Health Center. Some barriers that were mentioned in preventing students from visiting Public Health Clinics include No Time (39%), Money (36%), Shame (30%), Transportation (29%), Afraid of Result (26%), and Afraid of Parents finding out (24%). When asked if there was a need for a school-based health center 83% responded yes and 14% responded no. The Community Health Nurse stationed at the Health Center also works closely with school counselors in providing educaiton and educational materials to the students.

C. ORGANIZATIONAL STRUCTURE

A Secretary of Public Health who is appointed by the Governor and serves as a Cabinet Member heads the Department of Public Health (DPH). DPH consists of three Divisions: the Hospital Division

(Commonwealth Health Center), Public Health Division, and the Community Guidance Center. A Deputy Secretary that is appointed by the Governor with the recommendation of the Secretary of Public Health oversees the three Divisions. There are two Program Offices: Medicaid Program and the Medical Referral Program. The mission of the Department is to "Promote the health and well being of the residents of the Northern Mariana Islands by protection through sanitation, immunization, and other communicable and non-communicable disease programs; Improve the quality of life through encouraging and empowering the community to achieve its highest possible level of wellness and; Ensure the availability of efficient and quality health care and prevention services".

The Department is under the umbrella of the CNMI government. PL 1-8, Chapter 12, SS2 give the Department the powers and duties:
• to maintain and improve health and sanitary conditions;
• to minimize and control communicable disease;
• to establish standards of medical and dental care and practice and to license medical and dental practitioners;
• to establish and administer programs regarding vocational rehabilitation, crippled children's services, infant care, Medicaid, Medicare, mental health and related programs including substance abuse;
• to establish standards for water quality; and
• to administer all government-owned health care facilities.

The Division of Public Health is responsible for administering the State's Title V Maternal and Child Health Program, including children with special health care needs. It is responsible for preventative health programs such as Diabetes Prevention and Control, Breast and Cervical Screening, Immunization, Prenatal and Postpartum Care, and Health Promotion. It also is responsible for the Bureau of Environmental Health; Early Intervention Services Program-Children with Special Health Care Needs, Adolescent Health Center, Public Health Liaison Office, Dental Unit, Chest Clinic. Other units include Health and Vital Statistics Office, Accounting and Administrative Support Service. There are program mangers that oversee these different programs/units. These services are also provided at the Tinian and Rota Health Centers. A Resident Director oversees services provided in Rota and Tinian.

The Division of Public Health, headed by the Deputy Secretary for Public Health Administration, currently operate and administer two wellness centers in the southern and northern communities on Saipan.
The Southern Community Wellness Center (SCWC) located in San Antonio village encounters approximately 300 women each month. The clientele is very diverse, including indigenous women and women who are non-resident workers in the garment and tourism industry, coming to Saipan from other Micronesian islands, China, Korea, Japan, the Philippine Islands, Thailand, Vietnam, Bangladesh and others. This clinic is dynamic and fast-paced. A permanently-assigned Women's Health Nurse Practitioner (WHNP) provides care to the majority of women with the nursing staff playing a large role in this nurse-run clinic. The Public Health Medical Director supervises clinical practice of midlevel providers. Consultation and referral to the obstetrics/gynecology unit is always available.

(See attached Map of Saipan)

The Northern Community Wellness Center (NCWC) located in San Roque village opened its doors approximately 21 months ago and has enjoyed steady growth. It offers the same services as the southern clinics and services approximately 175 women per month. A WHNP provides clinical services under the supervision of the Medical Director. This is a quieter, more rural area of the island.
The Adolescent Health Center, a school-based health center, opened on April 19, 2004, on the campus of Marianas High School. The CNMI Department of Public Health has collaborated with the CNMI Public School System (PSS) through a pilot study grant that the PSS received from the office of the CNMI Governor Juan Baubata. The Healthy Student Pilot Program from the Governor's Education Initiative provided grant funding, effective 2/1/2004 and has ended on 2/1/2005. The grant funds were deposited with the Public School System's account and the Division of Public Health is reimbursed

through this account. This pilot program has been very successful in opening dialogue with teens about abstinence, sexuality, and STD/HIV. The clinic was closed during the summer months of June and July for summer break, reopening in August, 2004. (Detailed narrative is provided in the needs assessment section)

The Women's Clinic is situated within the main Commonwealth Health Center complex. Four US board-certified obstetrician/gynecologists provide care to complicated gynecology, and high-risk pregnancies as well as routine gynecology and prenatal care. The ob/gyn unit acts as consultants and referral physicians to the other clinics, including Rota and Tinian. This clinic is the referral center for abnormal pap test management, gynecology pathology suspected at the community-based level and high-risk pregnancies. Recently, these physicians have been able to see patients for evaluation in the community clinics on a scheduled basis.
Rota and Tinian Health Centers provide preventive and primary care also with a Resident Director in charge. Each health center employs a full-time WHNP to provide reproductive health care under the supervision of a physician. These sites maintain contact with the program manager with monthly reports. The program manager maintains contact regarding supply inventories, policies and procedures, clinical updates, and plans to organize continuing education and staff development offerings.
Commonwealth Health Center (CHC), managed by the Hospital Division is a 64-bed Medicare-certified acute care facility. It houses an internal medicine clinic, women's clinic, pediatric clinic, as well as the in-patient services which include ICU, NICU, surgical department, medical/surgical units, labor/delivery/postpartum, hemodialysis and an emergency department. A privately owned pharmacy is situated within the CHC complex.

(Please see attached service matrix which provides an overview of the health care services provided by the Division of Public Health)

(Please refer to attached Organizational Chart)

The Department of Finance and Accounting is responsible for the financial management of all funds, both local and federal. The Department is responsible for draw downs, submission of financial status reports, and checking/approving all funds to be used. The Governor's Office approves all usage of funds such as personnel, travel, purchase orders, contracts, etc.

D. OTHER MCH CAPACITY

Key personnel involved in MCH activities include the:
Secretary of Public Health: James U. Hofschneider, MD was appointed by Governor Juan N. Babauta to be the Secretary of Public Health in 2001. His specialty is in Internal Medicine. He graduated from the University of Hawaii, John A. Burns School of Medicine. Dr. Hofschneider has been with the Department since 1987. He currently provides clinical services at the HIV/STD Resource and Treatment Center.

Deputy Secretary for Public Health Administration: Mr. Pete T. Untalan holds a Master in Hospital Administration. He was the former Hospital Administrator and was the Special Assistant to the former Secretary of Public Health. He has varied and extensive expertise in the health care field, especially health planning.

Public Health Medical Director: Richard Brostrom, MD, has been the Public Health Medical Director since July 2001. He received his medical degree with honors from University of North Carolina School of Medicine. He also received his MSPH from North Carolina School of Public Health. He is a licensed physician and is board certified by the American Board of Family Practice. He currently provides leadership and expertise for the Division's many programs. He continues to provide regular medical care services focusing on women's health, obstetrics, and pediatrics.

Area Health Education Center Director: Faye Untalan,

Public Health Dentist: Dr. Alberto Ventura received his Doctorate degree in Dental Medicine (Cum Laude) from the University of the East, Manila, Philippines. He is licensed by the CNMI Medical Profession Licensing Board, and has been providing his services to the Division since 1982. He performs a wide variety of dental work such as teeth and gum examinations, administers anesthesia for fillings and extractions, performs minor and major dental surgery, attends to prosthetic cases, and prescribes dental related medications.

Nursing Manager: Ms. Latisha Lochabay MSN, CNM has extensive experience as a midlevel clinician and clinical services manager. She was recruited in January 2004. She also teaches the prenatal education classes.

Pediatric Nurse Practitioner: Ms. Barbara Reilley-Schmidt, ARNP, joined the Division of Public Health in March of this year. She provides pediatric services at the wellness centers as well as the Children's Clinic. Her special interest is in reducing the incidence of bottle mouth syndrome. She received her education from University of Oklahoma and the University of Colorado.

Public Health Program Analyst: Ms. Roxanne Diaz received her Bachelor's Degree of Science in Biology from Chaminade University, Honolulu, Hawaii. Her primary function is to monitor all federally and locally funded programs, correspond with the local academic community, explore and identify various education, training, funding, and/or technical assistance available that may be beneficial to the Department.

MCH Coordinator: The MCH Coordinator is Mrs. Margarita Torres-Aldan. Mrs. Torres-Aldan holds a Master's Degree in Public Health (Health Service Administration) from the University of Hawaii and A Bachelor of Science Degree from the University of Colorado, Denver. She has experience in the field of social work, including interagency liaisons, adolescent health, and services for children with special health care needs. She has been the MCH Coordinator since October 1996.

Community Health Nurse: Ms. Carol Paez, RN joined the Division in August of 2004. She received her nursing degree from the University of Hawaii. She currently provides services and manages the Adolescent Health Center. In addition, Ms. Paez is the liaison for specialty clinics/providers for our children with special health care needs.

Epidemiologist: Mr. Edward Diaz, graduated with a Masters of Public Health Degree in Epidemiology from the University of Hawaii. He joined the Division staff in May 1998. Some of his professional interests include disease intervention programs, data collection, disease reporting, and health information system, communicable and non-communicable disease surveillance and outbreak investigation. He currently is the director for the communicable disease program.

Statistician IV: Mr. Isidro Ogarto joined the Division in April of 2003. He brings his statistics experience with him working at the Department of Commerce, Central Statistics Division.

System Administrator: Ms. Elizabeth Palacios was recruited in April of 2004. She graduated from Florida State University in management information system and multinational business operations. She has been instrumental in the installments of VPN and LAN.

Accountant IV: Ms. Frances Pangelinan has been with the Division for the past 15 years. She has extensive experience in banking and financial management. She currently manages all federal and local accounts.

Laboratory Manager: Mr. Albert Gurusamy joined the Department in July 2003. He received his bachelors of science degree in Medical Technology and Biology from Pacific Union College in 1983. His special interest is in microbiology.

Immunization Program Manager: Ms. Mariana Sablan has been with the VFC Immunization Program since 1995. She is responsible for the administration of the program and consults with the PHA Medical Director in regards to vaccines and other medical assistance. Ms. Sablan is also responsible for the coordination and collaboration with the Rota and Tinian Health Centers, public and private schools, as well as private health clinics on administering vaccines and following immunization standards and protocols.

Breast and Cervical Screening Program Manager: Ms. Jocelyn Songsong has been with the Division of Public Health since August 1998, and currently manages the Breast and Cervical Screening Program. She received her associate degree in Liberal Arts at the Northern Marianas College in 1995 and has attended various professional education sessions.

Diabetes Control and Prevention Program Manager: Ms. Lynn Tenorio holds a Bachelor's Degree of Science in Bacteriology from the University of Wisconsin-Madison, Madison, Wisconsin. Ms. Tenorio manages the diabetes program and ensures the implementation of, and conducts outreach activities in the community. She works collaboratively with private and government agencies, as well as community organizations in addressing challenges revolving around diabetes in the CNMI.

Health Promotion Program Manager: Ms. Rosa Palacios holds a masters degree in public health in health education from University of Hawaii. She has extensive experience in teaching. Her special interest is reducing the incidence of disease among young children.
HIV/STD Program Manager: Ayesha Adelbai, DCHMS, is the newest addition to the Division team. She received her diploma in Community Health, Medicine & Surgery from The University of Hawaii, John A. Burns School of Medicine administered in Pohnpei, Federated States of Micronesia (FSM). She is responsible for the coordination of all activities directed towards the identification, prevention and control of STD & HIV/AIDS.

Nutritionist: This position is currently vacant since March of 2005.

Current administrative staff provides support in clerical, procurement of supplies, inventory control, processing of travel papers, and time and attendance. The Health and Vital Statistics Office is responsible for processing birth and death certificates.

Parents of CSHCN have been active since the creation of the Parent-to-Parent group. We provide transportation, educational materials, translation, and other enabling services that are requested. Although, there is no parent of a child with special health needs employed in the Division, we do have staff that has family members with children with special needs. We have on staff care coordinators, social worker, registered nurses, and have referral sites for pediatricians. We also continue to include parents/families in training to educate and empower them to advocate for their children. In addition, we solicit and include their input in our public awareness and child find activities. We continue the annual meeting with service providers and agencies such as Medicaid, SSI, Public School System, Hospital Division, MCH Program, etc. When the CSHCN survey was being conducted, we had telephone calls from parents that were willing to participate in the survey and also provide referrals. Parent/family referral was our number three referral source to the early intervention services program.

E. STATE AGENCY COORDINATION

The Department of Public Health includes the Division of Public Health, Hospital Division, and the Community and Guidance Center. As mentioned previously, the Commonwealth Health Center is the only hospital in the CNMI; Rota and Tinian have health centers. The Commonwealth Health Center (CHC) serves as the central acute care facility in the CNMI. Many patients from Rota and Tinian are

referred to CHC. Almost all of health and human services are provided through the Commonwealth of the Northern Mariana Islands (CNMI) government including the Public School System, Department of Community and Cultural Affairs, CNMI Developmental Disabilities Council, Medicaid, and Office of Vocational Rehabilitation. All of the departments and/or agencies within the CNMI government have secretaries and/or directors that are appointed by the Governor and are all members of the executive cabinet.

The Department of Public Health is the only government-run health care facility here in the CNMI thus collaboration and partnership with other agencies, both public and private, is important to ensure the continuity of the delivery of services to the people of the CNMI. Collaborative efforts in prevention and educational outreach activities among the programs within the Department are necessary to ensure accomplishments in improving the health and quality of life for the people of the CNMI. The State System Development Initiative Grant has greatly enhanced the MCH Program's efforts in primary and preventive care services. Infrastructure building for the CNMI includes training, improving systems of care, especially in the area of information system. Funds have been used for training of care coordinators, nurses, staff from the Health and Vital Statistics, administrative support staff in the areas of computer, outreach program, nursing home care, telemedicine, etc. It has been instrumental in the efforts to improve not only data collection for the MCH Program but for the Division of Public Health. Funds were also used to purchase computer equipment for the different units and other programs to ensure data collection.

Collaboration and partnership among the different programs within the Division of Public Health:
• Funding for HIV prevention and STD prevention comes from the Centers for Disease Control. Training to clinical staff to provide pre and post counseling for HIV to pregnant women is a collaborative activity with the HIV/STD program. In addition, counseling and testing for STD, including HIV, amongst the young adult population is another collaborative work with the maternal and child health program. Staff from the program comes to the Northern and Southern Community Wellness Centers and the Adolescent Health Center to provide services on site.
• In addition we receive funding from the Centers for Disease Control for the Diabetes Control and Prevention Program. Tracking pregnant women with gestational diabetes is a collaborative activity with the Program. Another activity is providing intervention measures, i.e., educational outreach presentations, to the schools, including Rota and Tinian.
• The Breast and Cervical Screening Program was federally funded from 1996-2002 from the Centers for Disease Control and Prevention. The maternal and child health program staff and the breast and cervical screening program staff collaborated to provide a more effective case management of patients. However, funding was not renewed in 2003. Through the hard work, dedication, and commitment of senior management and program staff, we were able to receive funding from the CNMI legislature from the "sin tax" revenue. We continue to work together to develop protocols, i.e., Management of Pap Test Results, and to provide services to women, especially those of low-income and that are uninsured. In addition, we provide eligibility assistance to Medicaid and the Medically Indigent Assistance Program. Local funding supports the salaries of current staff.
• The Immunization and Vaccines for Children Program also receives funding the Centers for Disease Control and Prevention. Collaborative work include opening after normal operating hours including Saturdays; conducting outreach presentations; developing protocols, etc. The assessment coverage survey will be conducted in July to determine the true coverage rate of children 19 to 35 months.
• Family Planning Program is funded by Office of Population Affairs. Training for family planning counseling and conducting outreach activities provided by the program to MCH staff. Local funds support salaries for registered nurses and mid-level providers.

Community Guidance Center: Staff from the Community Guidance Center provides substance abuse counseling and education on-site at the Adolescent Health Center. We also collaborate in conducting outreach presentations such as betel nut chewing. The center is the referral site for pregnant women that want to stop smoking. The community guidance center provides the wellness centers and the adolescent health center with educational materials. The Tobacco and Substance Abuse Program conducts public education on tobacco prevention through radio announcements, community events and school activities. Laws against selling cigarettes to minors have been passed and occasionally

sotres are checked for compliance with this law.

Hospital Division -- The Medical Referral Program at the Hospital Division has provided off-island medical care services for CSHCN. The Program facilitates the referral of clients to recognized referral health care facilities outside the CNMI for extended medical care. It provides financial assistance for medical care and other related costs (i.e., lodging) outside the CNMI.

The Division of Public Health's collaboration with other Departments and/or Agencies:
Public School System -
• Early Intervention Services Program -- Since the inception of the early intervention services program in 1986, the Public School System has been lead agency. Through an MOU (please see attached), early intervention services is provided to children and families 0-3 years of age. The program is housed at the Children's Developmental Assistance Center (C*DAC) and we are responsible for maintenance of the facility and for providing public awareness and child find activities. The salaries for Care Coordinators and the Social Worker is supported by the Department of Public Health while the Public School System employs the related services providers including special education teachers and data management.
• Newborn Hearing Screening Program: This has been one of the "best practice" in the area of collaboration. The support for collaboration between the two agencies made possible for the grant application to be submitted. The services is provided at the Commonwealth Health Center and key staff are members of the advisory committee with the Audiologist from the Public School System taking the lead in tracking the success of the program. Please note that the MCH Coordinator and the Audiologist recently applied for the Early Hearing and Detection Tracking and Surveillance grant and we received word in June that the grant was approved for funding. We also submitted a grant application for the Early Comprehensive Childhood System Grant.
• Oral Health: The provision of transportation of children by the Public School System has been the key factor for the success of the school health program fluoride varnish and sealant.application component. The MCH Coordinator will take the lead in writing the grant application for the Administration for Young Children and Families Oral Health Initiative Grant for Head Start Children.

Northern Marianas College (NMC) --
As was mentioned in the State Overview narrative section, one of the Division of Public Health's initiatives is building local staff capacity. The Department is working the college in the area of nursing and allied health area. In addition, we collaborate in working together the NMC -- Cooperative Research Education Extension Services to provide nutritional education and also in cooking demonstrations. The nursing students at the college volunteer for screening activities during community events for the Department.

Department of Community and Cultural Affairs (DCCA)--
Training for public health staff to be certified to provide parenting skills class such as parents anonymous was provided by DCCA Division of Youth Services staff. We also provide counseling and conduct presentations to the youths at the Juvenile Detention facility.

Department of Commerce -- we work closely with the Central Statistics Unit in the area of data collection and population estimates.

University of Hawaii, John A. Burns School of Medicine --
Area Health Education Center (AHEC) -- The CNMI government became a subcontractor of the Hawaii/Pacific Basin Area Health Education Center in September 2004. The AHEC's goal is to improve the health of the underserved through collaborative regional training initiatives across the Pacific. The CNMI AHEC's mission is to improve the health services of the Commonwealth by establishing a sustainable healthcare manpower program through strengthening CNMI's capacity to recruit and retain allied health professions to serve the health needs of the islands. Its vision is to improve the quality of health care services reduce disparities in health conditions in the CNMI.

Maternal and Child Health Certificate Program -- One of our women's health nurse practitioner, Ms.

Bertha P. Camacho, received a scholarship to attend this program.

Healthy Living in the Pacific Islands survey is currently being conducted to help determine some of the health needs of the islands' children.

Western Michigan University -- "Project Familia" - provides intervention measures to decrease physical inactivity and improve dietary habits thus ensuring living healthier lifestyle.

Developmental Disabilities Council -- The MCH program staff has been executive members for the past 6 years. We have been able to assist in grant writing for transportation -- CALL-A-RIDE -- and respite care -- LITTLE DARLINGS and assistive technology.

Medicaid Program -- eligibility assistance for clients coming to the wellness centers. Medicaid program staff has consistently been panel members for forums to parents of children with special health care needs.

Karidat, a non-profit agency, has assisted in enhancing our outreach activities by allowing public health staff use of their "Manhoben (Chamorro word meaning young) Center" to conduct outreach activities. In addition, staff provides health education classes during their summer camps. They also have assisted us with our indigent clients for provision of clothing, shelter, and food items.

The Ayuda Network, another non-profit agency, collaborates with the MCH program in the developing and printing of resource directory for our clients.

As was mentioned earlier, our most successful collaboration with all the private clinics on the island of Saipan is with the Immunization Program. During awareness events, i.e., public health awareness week, women's health week, and breast and cervical cancer prevention awareness month, we have collaborated with two private clinics in providing pap smears to our indigent population. We have revisited with participating providers and others to continue this collaboration. We have also collaborated with private dental clinics to provide outreach activities.

Secretariat of the Pacific Community (SPC) -- training, pacific public health surveillance network, health alerts.

Please note that we also collaborate in serving our target population by being members of councils, advisory committees, board members, etc. and vice versa.

F. HEALTH SYSTEMS CAPACITY INDICATORS

1. The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 - 493.9) per 10,000 children less than five years of age.

As was reported last year, we retrieve this information from the MUMPS system using the codes provided.

2. The percent Medicaid enrollees whose age is less than one year who received at least one initial or periodic screening.

We retrieve from the MUMPS system. We will be retrieving this data from Immunization Program using the six weeks or 4 months well baby visit schedule for next grant submission.

3. The percent State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

The SCHIP is used as a Medicaid expansion here in the CNMI. Numbers reported for #2 are the same as for this health systems capacity indicator.

4. The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prental visits are greater than or equal to 80 percent on the Kotelchuck Index.

For the fourth straight year, the CNMI Department of Public Health was able to improve its data collection capacity when reporting and evaluating Prenatal Care in the CNMI. A number of shortcomings that were present in the previous years were avoided this year, and data limitations for private sector deliveries were addressed. Once again, the Kotelchuck scores were computed using three separate data sources, since prenatal care and hospital records are separate data sources. First, any records that did not contain a complete set of matching prenatal and delivery data were corrected or deleted from the analysis. Because private sector deliveries in the CNMI do not provide DPH with complete prenatal care records, these patients (289 deliveries) were carefully removed. In addition, prenatal records for Tinian and Rota were considered incomplete, so these patients (37 deliveries, 3%) were also deleted. The remaining dataset (943 deliveries) represents the most accurate depiction of CNMI deliveries in recent years.

5. Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the state:
a) Percent of low birth weight (< 2,500 grams) - we match data files with the Vital Registration database.
b) Infant deaths per 1,000 live births - we match data files with the Vital registration database when retrieving this data.
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. - Please see #4
d) Percent of pregnant women with adequat prenatal care (observed to expected prenatal visits is greater than or equal to 80% - Kotelchuck Index. - Please see #4

6. The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.

Medicaid Program provides the data for this health indicator.

7. The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

We retrieve this data from the Dental Unit from the School Program.

8. The percent of State SSI beneficiaries less than 16 yeats old receiving rehabilitation services from the State Children with Special Health Care Needs Program.

9 A. The ability of state to assure MCH program access to policy and program relevant.
-Annual linkage of infant birth and infant deaths - vital registration database
-Annual linkage of birth certificates and Medicaid - vital registration database
-Annual linkage of brith certificates and WIC eligibility files - There is no WIC Program in the CNMI. However
we submitted the WIC State Plan to implement the program here.
-Annual linage of birth certificates and newborn screening - we get this data from the Lab Unit
-Registries and surveys - Hospital discharge survey - physician dictates all discharges and public health
does have access to medical records.
-Annual birth defects surveillance system - The CNMI do not have this type of surveillance system. All children with significant birth defects are followed by pediatrics and recorded in a birth defect/chronic illness registry.
-Survey of recent mothers at least every two years (like PRAMS) - requested for TA to conduct this type of
survey.

9 B. The percent of adolescents in grade 9 through 12 who reported using tobacco products in the past month

We receive a copy of the youth risk behavior surveillance survey from the Public School System. We collaborate in conducting the survey. In addition, we collaborate with the Community Guidance Center to conduct the Youth Tobacco Survey. We review the results of these surveys and assist PSS with tobacco prevention activities.

9 C. The ability of the state to determine the percent of children who are obese or overweight.

We collaborate and form partnerships with other departments and institutions to conduct nutrition survey and assessment on children's health conditions. We will report on three pending projects next year. We continuously work with the public and private schools to assess BMIs.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

The priority needs for the CNMI are:

1. To decrease obesity among school-aged children. -- The CNMI ranked third in the world for prevalence of Type II diabetes. There is also an increase in young adults and children being diagnosed with diabetes.
2. To increase nutrition education activities in the schools. -- An assessment was conducted to sophomores in public and private high schools. One intervention measure that the study is recommending to prevent diabetes is to provide nutrition education to help the students learn to eat a healthy, balanced diet to avoid weight gain during their life span.
3. To increase prenatal care rate for teenagers. -- We must continue to improve access to prenatal care rate for teenagers. With the opening of the Adolescent Health Center at one of the public high school in Saipan, preventative services, i.e., prenatal care, are provided. The Division of Public Health is working with students at Marianas High School to self-produce health videos on emergency contraception and teen pregnancy. An experienced registered nurse provides education on abstinence, ABCs, reproductive health, STDs and HIV, as well as contraception within the classroom.
4. To increase breastfeeding rate at 4 months. -- With the CNMI's submission of the WIC State Plan, more efforts will go to promoting breastfeeding. Promoting breastfeeding is one strategy the Division is using to reduce obesity among children.
5. The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, family support system/involvement. Next year we will no longer be reporting on this performance measure and we will report number 9 below.
6. Percent of pregnant women who are screened for chlamydia. -- We will continue to track this performance measure since chlamydia is the highest STI for women in the CNMI.
7. The rate of chlamydia for teenagers aged 13-19 years. -- We will continue to track this performance measure.

The CNMI will report on the following new priorities on next year grant application:

8. To decrease the number of unplanned pregnancies. (NEW) This is a new priority for the CNMI. More than 55 percent of all pregnancies occurring in the Commonwealth of the Northern Mariana Islands were unintended in 2004. In the Institute of Medicine's 1995 report The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families, the IOM's foremost recommendation calls for the nation to adopt a social norm in which all pregnancies are intended -- that is, clearly and consciously desired at the time of conception.
-With an unintended pregnancy, the mother is:
-less likely to seek prenatal care in the first trimester
-more likely not to obtain prenatal care at all
-less likely to breastfeed
-more likely to expose the fetus to harmful substances, such as tobacco or alcohol.
Thus, this will promote healthier outcomes for the mother and the baby.
9. To increase the proportion of women aged 18 years and older who have ever received a pap smear. (NEW) - Findings suggest that cancer is the second-leading cause of death in CNMI, and the most prevalent cancers are those that could be prevented and/or cured with early detection and treatment. The CNMI Breast and Cervical Screening Program targets low-income women and provide pap smear, transportation, and public education and awareness.
10. To increase the proportion of women aged 40 years and older who have ever received a mammogram. (NEW) -- The leading cause of cancer death in females in the CNMI is breast cancer. Thus, there is the need to increase resources dedicated to cancer prevention and control. Mammograms can only be done at the Commonwealth Health Center in Saipan. Women in Rota and Tinian that are enrolled in the CNMI Breast and Cervical Screening Program are provided with air fare costs to come to Saipan for mammogram service.
11. To increase the percentage of eligible infants with disabilities under the age of one that is

receiving early intervention services. (NEW) -- There are currently 47 children with special health care needs in 2004 that are enrolled in the Early Intervention Services Program. The CNMI currently is providing early intervention services to about 1.2% of the total population of birth to 3 years old. The percentage of children served is below the national average by 1%. The numbers of referrals for 2004 is 116. 41% of our referral source is from the Neonatal Intensive Care Unit at the Commonwealth Health Center, 29% from the public health facilities, and 10% from parent/family.

B. STATE PRIORITIES

Direct Health Care: Currently, the greatest challenge to the health care system is to meet the increasing demand of human and financial resources for prevention, medical management, and off-island referral. The capacity and resource capability of the Division of Public Health to help achieve the goals of the national and state performance measures is very limited. The Division, through leadership of Mr. Pete T. Untalan, has reorganized its public health care facilities by bringing it out to the community. The Southern and Northern Community Wellness Centers are located in villages that are within several miles from the Commonwealth Health Center. Mid-level providers staff the wellness centers with support from the Medical Director who is a family practitioner. The Adolescent Health Center is the first ever school-based health center in the CNMI. Other new facilities that were established and are located away from the Commonwealth Health Center facility are the HIV/STD Treatment and Resource Center, The Diabetes Prevention Research and Resource Center, and the Bureau of Environmental Health. Renovations are pending for the Area Health Education Center and the Kagman Community Health Center. The strength in providing direct health care services for the maternal and child population is the dedication, competency, and commitment of the current staff.

Enabling: The Division in its commitment to ensure 100% accessibility to health care services has been providing transportation assistance to the community. In the brochure on the Northern and Southern Wellness Centers it is stated "Please call us if you cannot get to the clinic because you do not have a ride and we will do our best to help you". The Breast and Cervical Screening Program and the Children with Special Health Care Needs Program do provide transportation for doctor's appointment. Furthermore, we also provide transportation to other appointments, i.e., Nutrition Assistance Program, and the Social Worker assist with filling applications for parents of children with special health care needs. Division staff comes from multi-cultural background so translation is usually not a problem. The only thing is that we need to expand the translation of resource materials to other languages such as Bangladesh and Thai. We are working closely with the World Health Organization to focus training of staff to behavior change modification.

Population-based: The Office of Special Education conducted a site visit to the Early Intervention Services Program at the Children's Developmental Assistance Center. As was mentioned, early intervention services are provided in collaboration with the Public School System, Early Childhood Special Education Program. In the Memorandum of Understanding, the Division of Public Health is responsible to ensure a comprehensive public awareness and child find system. Activities we reported for public awareness and child find include radio interviews with early intervention providers and parents in the different languages, Open House at the Center (parents actively participate in this event -- they talk to the media and visitors about the benefits of the program), participation in community events, disseminate developmental checklist to all clinical providers, put program brochures at all health facilities and prenatal package, referral procedures provided to private clinics with an in-service, giveaways, information tables at local grocery stores, coordinate public awareness and child find activities with other departments/agencies, etc. It was highly recommended that materials be translated to other languages, i.e., Pohnapeian and Chinese. The results of the children with special health care needs survey was presented to parents of children enrolled in the early intervention services during their monthly parent night. Although, parents of children with special health care needs are generally satisfied with their child's care, more resources need to be dedicated to assisting them to access other services, i.e., assistive technology. As public health staff, we need to be more active team members in the development of the Individualized Education Plan. Due to limited resources, services for children with special health care needs are provided in collaboration with other departments/agencies. We are fortunate to have a community health nurse that is a

registered nurse to be the coordinator for the specialty clinics for children with special health care needs.
The recruitment of the pediatric nurse practitioner and the dental hygienist will enhance the work of the Division in providing education to the community in oral health including baby bottle syndrome, prenatal and oral health, providing outreach at the schools, etc. The pediatric nurse practitioner has been active in promoting awareness of child health issues. She was one of the trainers, along with the dentist, in providing in-service to the interviewers for the Healthy Living in the Pacific Islands survey.

Infrastructure Building: The Division of Public Health has made great strides in strengthening the current workforce capabilities to ensure sustainability of staff in providing services to the community. The most significant achievement is that the CNMI received the Area Health Education Center (AHEC) grant from the John A. Burns School of Medicine. Funds from the AHEC grant are currently supporting the NCLEX review class for thirteen local nurses. The CNMI Department of Public Health currently relies on recruiting nurses and other health professionals from the Republic of the Philippines. One recommendation from the prenatal focus group is to recruit nurses from other places. This will be one way to reduce recruitment costs and not to mention remove the burden of the lengthy process involved in the recruitment process. Another area that AHEC is supporting is that it provided funds and arrangements for high school students to go to Honolulu, Hawaii to attend the University of Hawaii --Kapiolani Community College health careers opportunity program. The students were introduced to different health careers. In addition, three science teachers, including the students, attended the 3rd Annual Health Professional Summer Institute. The recruitment of the System Administrator has assisted programs to submit data elements to be warehoused. The Division is seeking technical assistance in the implementation of an electronic medical record and data linkage to other units within the hospital.
The Division submitted the Community Health Center section 330 grant application, Early Childhood Comprehensive State System grant application, and the Early Hearing Detection and Intervention Surveillance and Tracking grant application and the WIC State Plan. The MCH Coordinator is working in collaboration with the Head Start Program to submit the Head Start Oral Health Initiative application.

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective		65	70	75	80
Annual Indicator		91.2	91.0	93.0	87.0
Numerator		1324	1178	1259	1177
Denominator		1451	1294	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	82	84	87	87	87

Notes - 2002

Please note that PKU screening started in February 2000.

Notes - 2004

2004 newborns screened for numerator and total number of livebirths for denominator.

a. Last Year's Accomplishments

The maternal and child health coordinator has taken the initiative to visit the staff at the Maternity Ward to once a month to work with them in educating and reminding parents of the importatnce of coming back for the metabollic screening. Due to the resignation of Dr. Lysack last year, there was again no one to follow through on results other than the nurses at the two wellness centers. Thus, nurses are diligently being reminded to please put down a pediatrician's name as part of the baby's information. There has also been discussions with the laboratroy manager to ensure that those needing retest do so. Therefore, the results that come back will have a pediatrician's name on the sheet. Importance of newborn screening is discussed in the prenatal education classes and at prenatal care visits.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

A committee consisiting of the medical director, maternal and child health coordinator, laboratory manager, and the pediatric nurse practition has been formed to update brochures and to develop a paper through research about having the screening done before hospital discharge. The protocol for newborn screening has been written. We are waiting for comments from the pedatric staff before it is finalized and send out for signatures.

Dr. Mandoff, a pediatrician, has agreed to be receiving all results of the screening and to work with the wellness centers clinical staff for those babies that need to be retested. The pediatric nurse practitioner conducted a chart review in the month of April. All laboratory results are in the medical charts of the infants. The recruitment of the pediatric nurse practitioner this year has tremendously enhanced our work in ensuring that newborns are screened.

c. Plan for the Coming Year

1. Finish Protocol for Newborn Screening and Follow-up

2. Update brochures - purchase brochures
3. Develop policy to make newborn screening conducted before hospital discharge
4. Present policy to staff

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			87.0	87.0	87.0
Numerator			147	147	147
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Provisional
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	87	87	87	88	88

Notes - 2002

There was no CSHCN survey in 2002

Notes - 2003

There was no CSHCN survey in 2003.

Notes - 2004

CSHCN survey was conducted in 2004.

a. Last Year's Accomplishments

The Children with Special Health Care Needs telephone survey was conducted. We also have been presenting the results of the survey to the community.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				

5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Assigned a community health nurse to coordinate specialty clinics and facilitate case management.
2. Continue to provide training to provide parents/families with confidence to ask questions to the providers.
3. Continue to present findings to community.
4. Take components of the survey and put it out in the newspapers.
5. Work with providers to take a more pro-active role in the case management of patients.
6. Inform parents of health care rights.
7. Recruitment of pediatric nurse practitioner.

c. Plan for the Coming Year

The Division of Public Health still have plans to conduct a survey of providers on services and needs of children with special health care needs. We are collaborating with the Public School System Special Education Program to bring about a data base that would assist staff in better case management.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective					
Annual Indicator			68.0	68.0	68.0
Numerator			115	115	115
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	68	68	69	70	70

Notes - 2002

There was no CSHCN survey in 2002.

Notes - 2003

No CSHCN survey was conducted in 2003.

Notes - 2004

CSHCN survey was conducted in 2004.

a. Last Year's Accomplishments

Again, the children with special health care needs telephone survey was conducted last year. Results of the survey have been presented to the community. Information on how to obtain a report is also provided to the community through newspaper. The opening of the Northern Community Wellness Center is also being used as a medical home.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Continue to present to the community the survey results.
2. Continue to work with providers on ensuring continuity of care.
3. Continue to work with the Medical Referral Program for off-island health care.
4. Assign community health nurse to do case management and to coordinate specialty clinics.
5. Provide enabling services such as transportation and also staff can follow parents in to see provider when requested.
6. Developed protocol for referring children with special health care needs needing orthopedic care.
7. Orthopedic surgeon will work with community health nurse to make sure that all children are screened for the Shriners Clinic.

c. Plan for the Coming Year

The Division have plans to conduct a survey to providers of children with special health care needs on the services and needs. MCH Coordinator and the Medical Director continue to discuss needs/problems with medical providers at the Department of Public Health.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.*

(CSHCN Survey)

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			68.6	68.6	68.6
Numerator			116	116	116
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	68	69	69	70	70

Notes - 2002

No survey conducted in 2002

Notes - 2003

No CSHCN survey conducted in 2003

Notes - 2004

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

a. Last Year's Accomplishments

Like the other two previous performance measures, we completed the children with special health care needs telepone survey. We have been presenting survey results to the community.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
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6.				
7.				
8.				
9.				

10.

b. Current Activities

1. Provide eligibility assistance like assisting them in filling out applications and following them to the interviews.
2. Provide transportation.
3. Work with the Medically Indigent Assistance Program.
4. Work with Medical Referral Program.

Again, please note that regardless of ability or inability to pay, no one is turned away at the Commonwealth Health Center.

c. Plan for the Coming Year

Again, we will conduct the survey to providers of children with special health care needs.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			43.2	43.2	43.2
Numerator			73	73	73
Denominator			169	169	169
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	44	45	45	46	46

Notes - 2002

No CSHCN survey conducted in 2002.

Notes - 2003

No CSHCN survey conducted in 2003.

Notes - 2004

CSHCN survey conducted in 2004.

a. Last Year's Accomplishments

The children with special health care needs survey was conducted and we have been meeting with the community to present survey results. Also, information on where to obtain a copy of

the report is also provided to

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
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b. Current Activities

1. Collaborate with Ayuda Network in updating the resource directory on all services available in the CNMI for this special population. We do have copies of the resource directory at all the public health facilities. We did a resource directory for the WIC State Plan application.
2. Assist families that seek assistance for a specific program/information. The Social Worker from the Early Intervention Services Program and the Hospital Divisions work together to assist parents/families get in contact with appropriate agencies.
3. Collaborate with agencies to inform parents of their program/service.

c. Plan for the Coming Year

Conduct the survey for providers of children with special health care needs. Collaborate with the Ayuda Network to update resource directory.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator			5.9	5.9	5.9
Numerator			10	10	10
Denominator			169	169	169

Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	6	6	7	7	8

Notes - 2002

No CSHCN survey conducted in 2002.

Notes - 2003

No CSHCN survey conducted in 2003.

Notes - 2004

CSHCN survey was conducted in 2004.

a. Last Year's Accomplishments

Completed the children with special health care needs survey and presented survey results through meetings, newspapers, leadership meetings, and parent night.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
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b. Current Activities

1. Be active team member in the development of the Individualized Education Plan.
2. Assign community health nurse to work with schools on the plan. The Community Health Nurse assigned to the school-based health center is the one that is currently coordinating specialty clinics and case management. She will be working with the schools.
3. Work with parents to assist them in getting assistive technology devices for their children. The MCH Coordinator is a member of the Developmental Disabilities Council and there is an assistive technology center.
4. Work with insurance on payment for assistive technology device that is needed.

c. Plan for the Coming Year

Conduct survey to providers of children with special health care needs.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	94	95	90	90	90
Annual Indicator	90.3	66.9	60.8	74.5	67.8
Numerator	1189	1391	466	1252	1167
Denominator	1317	2078	766	1681	1720
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90	90	90	90	90

Notes - 2004

Number of 19-35 month olds with complete shots. Denominator is the number of all 19-35 month olds in the system.

a. Last Year's Accomplishments

The Immunization Program continue to conduct supplemental activities to provide immunization. The wellness centers were opened on Saturday mornings and the evenings. Parents of children that were not up-to-date were called to be informed that the wellness centers were opened after hours. We have also started providing immunization on-site during community events. The wellness centers were connected to a DSL line to make connecting to the hospital's MUMPS system faster and easier. Training on immunization protocols and standards were conducted to public health staff, Rota and Tinian health centers staff, and the private clinics.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

For the first time ever, the vaccination coverage survey will be conducted in the Pacific Jurisdictions, including Puerto Rico and the Virgin Islands. The Division of Public Health has been working with consultants from the National Immunization Program, Centers for Disease Control and Prevention to carry out all aspects of the survey including survey development, hiring and training survey workers, organizaing the logistics of data collection, supervising data collection, computer data entry and analysis, and writing reports and presentations. A central unit has been set up, interviewers has been identified, computers are ready, and survey instrument and methodology has been completed. Press release to the community has been done through radio, television, and newspaper. The survey will be conducted on July 19 through the 31. This project will provide more precise, statistically sound vaccination coverage estimates for each Jurisdicition on a regular biennial basis. The survey methodology will be a stratified multi-stage cluster sample with selection of household through systematic random sampling at the final stage. The entire CNMI will be included in the sampling frame, to ensure that results will be representative of the entire country. Please note that the Division have been working on getting ready for this survey since last November. Program Managers from all the Jurisdictions, Puerto Rico, and the Virgin Islands will be on Saipan to be trained for this survey.

c. Plan for the Coming Year

1. Conduct training for interviewers
2. Conduct the immunization coverage survey
3. Review all surveys completed
4. Input data from survey
5. Do write up of survey
6. Present survey results to the community

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20	17	35	33	30
Annual Indicator	53.7	47.0	33.3	43.2	35.4
Numerator	57	51	37	49	41
Denominator	1061	1086	1110	1135	1159
Is the Data Provisional or Final?				Final	Final

	2005	2006	2007	2008	2009
Annual Performance Objective	28	25	25	25	30

Notes - 2002

Denominator reflects estimate population for teenage girls age 15-17 years in the CNMI.

Notes - 2003

Denominator is females 15-17 yrs. = 1,135

Notes - 2004

Females 15-17 yrs. estimated population 1,159.

a. Last Year's Accomplishments

We are happy to report that the Marianas High School Proposal we submitted for the Governor's Education initative: "Healthy Sutdents Pilot Program" was selected to establish a school-based health center. The Adolescent Health Center was opened in April of 2004. This pilot program has been very successful in opening dialogue with teens about abstinence, sexuality, and STD/HIV. Its success has shown us that the way to reach teens is in their school environment.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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b. Current Activities

We continue providing preventative health services at the Adolescent Health Center at Marianas High School. Family planning counseling is a service that is provided at the health center.

c. Plan for the Coming Year

We need to replicate this service throughout the other high schools. Currently, we have three public high schools, two middle schools, and 10 elementary schools. The need for educational and clinical services is apparent at all high schools from our recent success. On-site educational and clinical services in the high school setting allow ease of access, confidentiality, and personal counseling within an environment that is neither restrictive nor intimidating. The opportunity for change is profound. We would like to implement a collaborative effort with the Public School System to introduce an abstinence curriculum into the middle schools, including

sexuality and STDs in addition to clinical services.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	83	83.5	83	82.5	82
Annual Indicator	53.4	44.7	51.0	54.1	56.9
Numerator	685	460	540	1816	1564
Denominator	1282	1028	1058	3358	2748
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	81.5	81	80	80	80

Notes - 2002

School program Dental Services varies for grade levels. SY98 to SY99 are for 2nd graders. SY2000 is for 1st graders, and SY01 to SY02 for 3rd graders. The denominators are 3rd graders enrollment.

Notes - 2003

Sealant application is not provided to third graders. The program includes 1st, 5th, and 6th graders.

Notes - 2004

Number of 1st, 5th, and 6th graders received sealant. Denominator is number of 1st, 5th, and 6th grade students enrollment.

a. Last Year's Accomplishments

Please note that we do protective sealants applications to Head Start Children, first, fifth, and sixth grade students from both private and public schools. The bussing of the students in first, fifth, and sixth grades by the Public School System has been instrumental in providing this service to the students. The Division has collaborated with the Head Start Program to purchase fluoride varnish and sealant kits and also toothbrushes to be given to Head Start students. Any remaining toothbrushes are donated to the Dental Unit for giveaways. We also scheduled appointments for any treatment needed.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			

	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
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7.				
8.				
9.				
10.				

b. Current Activities

1. Continue collaboration with the Head Start Program in providing protective sealants.
2. Send staff to Rota and Tinian to assist with the Head Start Program.
3. Dentist and Dental Assistant provide oral health education during teachers workshop and also during parents workshop - this is for Head Start Program.
4. Recruit Dental Hygienist.
5. Participated in the Healthy Living in the Pacific Islands survey. Please note that when the survey to determine the health condition of the children in the CNMI was being planned, it was decided not to do the dental component part. The MCH Coordinator met with the committee and discussed the need to include the dental component in the assessment.
6. Send dental staff to provide training in Rota and Tinian Health Center.
7. Dentist member of the Health Advisory Committee.

c. Plan for the Coming Year

There will be outreach activities done during school year 2005-2006 in a more consistent manner with the recruitment of the dental hygienist (this makes two dental hygienist). The MCH Coordinator is also helping write the Head Start Oral Health Initiative grant to focus on the health education for pregnant women and referral services for children with special health care needs.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	20.9	20.9	20.9	20.5	20
Annual Indicator	12.8	0.0	6.0	5.8	0.0
Numerator	2	0	1	1	0
Denominator	15589	16116	16644	17171	17699

Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	20	19.5	19	18	18

Notes - 2004

There were no deaths for 14 yrs and younger caused by MVA.

a. Last Year's Accomplishments

We just collaborated with the Department of Public Safety during Child Safety Awareness month. Again, staff from the Department of Public Safety came to the public health facilities and provided brochures, gave coupons to be used to purchase car seats, and assess car seats currently being used by families. We have DPH staff out talking to parents also.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Continue promoting child safety at the wellness centers during prenatal care visits, well baby visits, immunization, school health examinations, and the prenatal education classes.
2. Continue to collaborate with the Department of Public Safety on awareness month activities.
3. Advocate for safety laws for children and review the laws for any revisions.
4. Work with the private clinics to assist in educating the public on child safety.

c. Plan for the Coming Year

We recently had Dr. Chen Ken from the World Health Organization visit the Department of Public Health. In the meeting, he asked for some ideas of the kind of health education the clinic staff give to parents/families. The nursing manager mentioned child safety, specifically using the proper car seat and seat belts. We will be ordering brochures to assist in next year's awareness month activities.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital*

discharge.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator	95.0	75.9	80.3	72.3	67.3
Numerator	1364	1102	1039	979	910
Denominator	1436	1451	1294	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	95

Notes - 2003

data collected from birth registration

Notes - 2004

910 mothers breastfed their children at hospital discharge.

a. Last Year's Accomplishments

A committee was formed to write the WIC State Plan. The plan was written and submitted.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Train two staff in breastfeeding counseling.
2. Promote breastfeeding during prenatal visits, prenatal education classes, and well baby

visits.
3. Provide phone numbers for support group - There is a group of women that volunteers to work with mothers to continue with breastfeeding.
4. Train other staff on breastfeeding counseling.
5. Working with pediatricians to discuss ways to promote breastfeeding.
6. Recruit pediatric nurse practitioner.
7. Wrote the WIC State Plan.

c. Plan for the Coming Year

The submission of the CNMI's WIC State Plan will assist to enhance efforts to promote breastfeeding. Once approved, a breastfeeding coordinator will be recruited. We also are looking into resource materials to be translated.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	100	100	100
Annual Indicator	100.0	100.0	50.8	96.4	100.0
Numerator	1	1	657	1305	1353
Denominator	1	1	1294	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	100	100	100	100	100

Notes - 2002

The newborn hearing screening program was implemented July of 2002. Objectives and Indicators will start from 2002 on. Data submitted this year covers July 2002 to December 2002.

Notes - 2003

We did not start conducting newborn hearing screening until July of 2002.

Notes - 2004

2004 complete newborn screened for hearing.

a. Last Year's Accomplishments

This has been very successful due to our collaboration with the Audiologist from the Public School System. We submitted purchase requisitions for otoacoustic emission units. The advisory committee continues to meet and plan needs. One improvement is that the nursery

supervisor has taken the lead in ordering supplies needed for the equipment.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Wrote and submitted the Early Hearing Detection Intervention Surveillance and Tracking grant application.
2. Assigned the Social Worker to be responsible to ensure that children identified with hearing loss are referred to the early intervention services program.
3. Train and update nurses on equipment and reporting.
4. Continue meeting with the advisory team.
5. updating brochures and posters and flyers.

c. Plan for the Coming Year

We received word in May that the early hearing detection intervention surveillance and tracking application was approved. We will be working on the objectives of the grant application. We will be working on a data system for the program. The CNMI requested technical assistance to implement a system to link the different program/units within the Department of Public Health. As was mentioned, we are procuring two otoacoustic units for the wellness centers so that infants can be retested on site instead of being referred to the Children's Clinic.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	17.9	16.9	15.9	14.9	13.9
Annual Indicator	32.0	42.0	34.5	25.3	15.6

Numerator	5676	7691	6512	4935	3138
Denominator	17733	18316	18899	19481	20064
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12.9	12.9	12.9	12.9	11

Notes - 2002

Denominator reflects estimate population of children under 18 yers of age in the CNMI from 1998 to 2002.

Notes - 2003

Age 18 yrs and under without health insurance.

Notes - 2004

Children less than 18 yrs without insurance

a. Last Year's Accomplishments

With the opening of the wellness centers, patients with no health insurance are either waived or provided assistance to enroll in Medicaid or Medically Indigent Assistance Program.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
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b. Current Activities

1. Staff at wellness centers provide eligibility assistance.
2. Application forms for Medicaid and Medically Indigent Assistance Program are available at the wellness centers.
3. Referrals to both programs are priority. We have discussed this with the Medicaid Program Director and all referrals are handled as a priority basis. It has been working well.
4. Transportation is also provided.

c. Plan for the Coming Year

Renovations plans are pending to open a community health center in one of the fastest growing

village located at the east side of Saipan, Kagman. In the Kagman community health survey that was conducted last year, 24% were unemployed and 23.6% of participants have an annual income of $10,000 or less. In addition, the nearest health facility in the village of Kagman is about 7 miles away. We will provide eligibility assistance on site for Medicaid Program and the Medically Indigent Assistance Program as we currently do at the wellness centers.

Performance Measure 14: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	40	40.5	50	50.5	60
Annual Indicator	34.6	25.6	28.6	22.9	28.4
Numerator	7210	5503	6348	5240	6673
Denominator	20859	21519	22175	22833	23491
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	60.5	65	65	70	65

Notes - 2002

Denominator reflects estimate population of children 1 to 21 years old in the CNMI from 1998-2002.

Notes - 2003

Numerator is 0-18 years of age.

Notes - 2004

numerator is children 1-21 yrs under medicaid program.

a. Last Year's Accomplishments

Like children with no health insurance performance measure, potentially Medicaid eligible children are seen at the public health facilities. Although, we provide eligibility assistance to the Medicaid Program, we continue to provide any needed preventive and primary health care services.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				

2.				
3.				
4.				
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8.				
9.				
10.				

b. Current Activities

1. Continue tracking children, regardless of financial ability, needing immunization update, well baby check ups, early intervention service, etc.
2. Recruit pediatric nurse practitioner.

c. Plan for the Coming Year

We will continue with providing assistance in filling out Medicaid and Medically Indigent Assistance Programs applications in addition to transportation and translation. One area we are working with Medicaid Program is that we had a situation last month when we did not have a dentist for two days due to a death in the family. The MCH Coordinator has written a letter to the Medicaid Program Director to ask the what can be worked out if there was a dental emergency for a child that has Medicaid for insurance. Please note, that public health facilities are the only ones that accept Medicaid.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator	1.0	0.3	0.5	0.7	0.5
Numerator	15	5	7	9	7
Denominator	1436	1451	1289	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0.6	0.5	0.5	0.5	0.4

Notes - 2004

10 very low birth weight among all live births.
The very low birth weight for 2004 was changed from 10 to 7.

a. Last Year's Accomplishments

Primary and preventive health services are provided at the Southern and Northern Community Wellness Centers as well as the Adolescent Health Center.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
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3.				
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8.				
9.				
10.				

b. Current Activities

1. Continue to promote living healthy before, during, and after pregnancy.
2. Continue to conduct prenatal education classes.
3. Continue to raise community awareness on importance of preventive health care.
4. Continue to provide family planning counseling and also education to the community.

c. Plan for the Coming Year

This year the CNMI has added reducing the numbers of unplanned pregnancies as a priority. We will be reporting on this performance measure next year. The pediatric nurse practitioner is looking at risk factors of babies that are born premature.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	15	13	55	53	50.5
Annual Indicator	50.7	123.2	47.9	0.0	0.0

Numerator	2	5	2	0	0
Denominator	3943	4060	4177	4294	4411
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50.5	50	50	45	40

Notes - 2003

no suicide deaths age 15-19 yrs for 2003

Notes - 2004

number of suicide deaths for ages 15-19 yrs. None.

a. Last Year's Accomplishments

The MCH Coordinator continues to be a member of the Community Guidance Center's Suicide Prevention Task Force in which a state plan has been developed.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
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6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Collaborate with the Public School System in conducting the Youth Risk Behavioral Survey.
2. Continue to conduct presentations to students and parents in areas such as communication, skills building, virtues, etc.
3. Have counselors/therapist available on-site at the Adolescent Health Center.

c. Plan for the Coming Year

We will continue to promote the services we provide at the Adolescent Health Center. We will also continue to work with parents and the youth organizations such as the Rotary Basketball League.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-*

risk deliveries and neonates.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Provisional	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	1	1	1	1	1

Notes - 2002

The CNMI is excluded from reporting on this performance measure.

Notes - 2003

The CNMI is excluded from reporting on the PM.

Notes - 2004

CNMI is excluded for this PM

a. Last Year's Accomplishments

The CNMI is excluded from reporting on this performance measure.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The CNMI is excluded from reporting on this performance measure.

c. Plan for the Coming Year

The CNMI is excluded from reporting on this performance measure.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	25.2	26.5	27.7	29	30.2
Annual Indicator	24.0	26.3	20.1	26.1	26.2
Numerator	345	382	260	354	354
Denominator	1436	1451	1294	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	31.4	33	35	40	40

a. Last Year's Accomplishments

A Department of Public Health committee held a series of meetings last year to address the problem of prenatal record-keeping in hopes of encompassing private sector, as well as Tinian and Rota prenatal care records. This team, which included representatives from CNMI Vital Statistics, MCH Program, CNMI Midwives, CMNI Family Planning, and the Public Health Medical Director, recommended improved record keeping by adding Kotelchuck criteria to the birth certificate form.

Figure 4a, National Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
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6.				

7.				
8.				
9.				
10.				

b. Current Activities

1. Continue to improve the availability of Medicaid for those who are pregnant and eligible for federal assistance.
2. Provide outreach efforts to those under age 18, by providing both abstinence and birth control counseling.
3. CNMI DPH will continue improve access to prenatal care for teenage mothers.
4. Enhance services at the Adolescent Health Center.
5. Renovation under way at the Southern Community Wellness Center.
6. Prenatal education classes

c. Plan for the Coming Year

The CNMI DPH must increase its effort to find novel ways of engaging women in the first trimester of their pregnancies. The renovation of the wellness centers will provide a conference room where group counseling can be done. We will continue to work with leaders of all ethnic groups, particularly Micronesians and Chinese. Again, when the renovations are completed we will continue to focus on moving normal prenatal patients out to the wellness centers. Finally, DPH committee must improve its data collection methodology to include accurate prenatal care data for the Private Sector, Tinian and Rota. Finally, plans are still pending to open the Kagman Community Health Center. A building has been given to the Department of Public Health and local funds has been appropriated for renovation.

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *Percent of pregnant women who are screened for chlamydia*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	88	90	92	94	96
Annual Indicator	87.3	90.7	91.7	84.0	100.0
Numerator	1271	1316	1187	1138	1353
Denominator	1456	1451	1294	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance					

Objective	98	99	100	100	100

Notes - 2004

All pregnant women were screened for chlamydia in 2004.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
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6.				
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8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 2: *The rate of chlamydia for teenagers aged 13-19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	222	200	200	200	190
Annual Indicator	1,445.6	947.7	750.6	746.6	839.9
Numerator	80	54	44	45	52
Denominator	5534	5698	5862	6027	6191
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual					

Performance Objective	190	190	190	185	185

Notes - 2002

Denominator reflects estimate population of teenagers age 13-19 in the CNMI from 1998-2002.

Notes - 2004

teens 13-19 yrs with chlamydia. Denominator est. pop. for 13-19 ages.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 3: *Percent of infants born to pregnant teenagers aged 12 through 19 receiving prenatal care beginning in the first trimester*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	23	27	32	36	41
Annual Indicator	8.6	30.9	22.7	17.4	29.5
Numerator	12	47	25	21	33
Denominator	140	152	110	121	112
Is the Data					

Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	45	45	45	50	50

Notes - 2002

Out of 152 teen deliveries, 47 teenage mothers receive prenatal care in the first trimester.

Notes - 2004

pregnant teens (12-19 yrs) 112 total, 33 had PNC in the 1st trimester.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 4: *The degree to which State provides nutrition education information to students aged 5 through 12 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2000**	**2001**	**2002**	**2003**	**2004**
Annual Performance Objective	45	49.5	54	59	65
Annual Indicator	41.3	44.4	33.3	70.5	16.1

Numerator	526	457	899	2106	140
Denominator	1275	1030	2697	2986	872
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	71.5	75	75	80	

Notes - 2002

In 1998 and 1999, schools were implementing their Healthy Snack Policy and School Nutrition and Physical Fitness Program (SNAPP) thus DPH was involved in nutrition education. The decrease in numbers, both numerators and denominators, after 1998 and 1999 is that schools are requesting for other health education/information assistance such as puberty, skills building topics, keeping your body clean, etc. The numbers reported reflect only those schools that DPH provided only nutrition education.

Notes - 2003

All public health staff who conducts nutrition education to the elementary schools would bring back the number of students that were in their presentations.

Notes - 2004

Nutrition education was conducted to 3rd graders only for year 2004. The denominator is total enrollment for 3rd graders in 2004.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 5: *Percentage of mothers who breastfeed their infants at 4 months*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	37	39	42	45	47
Annual Indicator	29.7	36.8	39.9	72.3	67.3
Numerator	427	534	516	979	910
Denominator	1436	1451	1294	1354	1353
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	50	55	55	60	60

Notes - 2003

A committee has been formed to write the grant application for WIC. Breastfeeding efforts will be enhanced if we get funding approval.

Notes - 2004

910 mothers breastfeed their infants at 4 months.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 6: *Percent of obesity in school-aged children*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	52.0	50	48.8	45	43.5
Annual Indicator	51.9	51.9	21.0	30.9	18.7
Numerator	484	484	549	650	694
Denominator	932	932	2614	2106	3720
Is the Data Provisional or Final?				Final	Final
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	40	42.5	45	50	45

Notes - 2002

Number 2614 is unweighted based on YRBS

Notes - 2003

These were the number of Head Start children who received sealant application. The registered dietician did an assessment of their height, weight, and body mass index.

Notes - 2004

YRBS '03= 3,720 high school and middle school students were surveyed. 694 were overweight.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	**ES**	**PBS**	**IB**
1.				
2.				
3.				
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

c. Plan for the Coming Year

State Performance Measure 7: *The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, and family support system/involvement.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2000	2001	2002	2003	2004
Annual Performance Objective	5	5			
Annual Indicator			6	6	6
Numerator			6	6	6
Denominator	7	7	7	7	7
Is the Data Provisional or Final?					
	2005	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective					

Notes - 2004

We are studying and collaborating with the Public School System Special Education Program on a database to assist up provide better case managementto children with special health care needs.

a. Last Year's Accomplishments

Figure 4b, State Performance Measures from the Annual Report Year Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1.				
2.				

3.				
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b. Current Activities

c. Plan for the Coming Year

E. OTHER PROGRAM ACTIVITIES

Project Fit -- Project Fit was developed to improve the Department of Public Health employees' overall health through lifestyle changes in nutrition and physical activity.

Renovation Projects --
1. Southern Community Wellness Center -- will start in July of this year and completion date is set for October 2005.
2. Mass Immunization Building -- will start in July and completed in October.
3. Isolation Quarters -- will start in August of this year and completed in November.
4. Kagman Health Center -- will start in November and completed in March 2006.
5. Northern Community Wellness Center -- will start October and completion date will be January 2006.

Food and Drug Administration (FDA) Regional Food Code Training -- inspectors from Guam and CNMI Bureau of Environmental Health were trained on food code standards.

One staff attended the Food and Drug Administration Inspection Standardization Training in Guam.

Hazardous Material Training -- Department of Public Health staff were trained on decontamination of bio-hazardous materials.

Two staff attended the CDC Vector Control Training in Palau on identification of North Pacific mosquito vectors.

Training for Bio-Terrorist First Respondents -- a multidisciplinary approach on responding to major disasters and/or bioterrorist. Trainees from Saipan, Rota, and Tinian that attended were from Emergency Management System, Division of Public Health, Hospital Division, Department of Public Safety, Fire Department, and Commonwealth Ports Authority (Seaport/Airport).

Awareness of Weapon of Mass Destruction training -- how to identify weapon of mass destruction and how to respond.

Eco-Arts Festival -- awareness and education on using environmental friendly products. Festival activities included were using local products for cooking and serving food on recycled products, and making clothes from recycled products for the fashion show.

Asunton Hinemlo -- quarterly newsletter that is given out to the community. The newsletter contains

information about some of the Division's projects/activities, gives background information of staff, provide contact information, calendar of events, and tips on staying healthy.

Village Inspections - inspections at all the villages to provide education on vector borne places, etc. Cooperative-Education Program -- students from two public high schools came to work at the Division of Public Health. They rotated among all the programs and then did an evaluation of the programs.

Hillbloom Pacific Resident Training Program -- Third year residents in pediatric and internal medicine from the University Of San Francisco School Of Medicine will do clinical rotations at the Commonwealth Health Center as part of their training program. The will provide clinical services to the community and will be potential recruits for longer term employment in the future.

Pacific Basin Interagency Leadership Conference -- CNMI hosted the conference this year. Participants from the Pacific Jurisdictions attended the conference. The CSHCN survey results were presented at one of the session. The conference brought together all the different agencies/disciplines that serve people with disabilities.

Smokefree Facility -- The entire Department of Public Health facility is a smoke-free facility.

Quitline -- a Hotline for people who needs help to stop smoking.

Smoking Cessation Class -- in collaboration with Community Guidance Center, Medical Director facilitates the class with the staff of the Tobacco Prevention Program. The patch is also provided to participants.

The Division's staff attended the annual infection control in-service that is mandatory for all health care workers with patient contact.

Division of Public Health Employees Rules and Regulations manual was completed.

Family Health Fair -- This is the second year for this event in which the Division of Public Health were a committee members. Over 300 people attended the health fair. We noted that 190 stopped by Division of Public Health's informational table. We had the opportunity to talk about preventative services and provided education/information. We also asked for recommendations on how to improve our services.

Walk on Wednesday (WOW) -- blood pressure and glucose screening is provided along with nutritional and physical fitness information.

Speaker's Bureau -- Speakers from the Division are identified as to the specific topics they can talk on. This makes any request from the community much easier for referral.

Leadership Award -- For the first time, Mr. Pete Untalan, Deputy Secretary for Public Health Administration, nominated all program managers for the Department's Leadership Award.

F. TECHNICAL ASSISTANCE

We are requesting technical assistance not just from MCHB but also from CDC for the following:

Evidenced-based training: There has been newly hired staff at the Division that work for the maternal and child health program. Because we are data driven in the work that we do, we want all staff to receive this training. We have also been looking into having three key staff be trained so that they can come back home to conduct the training to the Department staff.

Research Report Writing: In order to enhance our service delivery, the Division has conducted and will be conducting more community health surveys. Again, we have key staff that has not have

training in writing reports from data that was analyzed from surveys.

PRAMS Survey: The CNMI Division of Public Health has conducted surveys and focus group regarding prenatal care but we have never done a PRAMS or PRAMS-like study. In reviewing our prenatal care numbers, we are very much interested in doing one so that we can have a guide on where to focus our efforts and resources.

Data Linkage: Because the units, i.e., Laboratory, all have their own data system, we are requesting for technical assistance to link and/or network the different units within the hospital so that we can better case managed clients and gather data for grant purposes.

Electronic Medical Records: We currently transport medical charts of patients to and from the two wellness centers and the Hospital. We want to implement the electronic medical record system at the wellness centers.

V. BUDGET NARRATIVE

A. EXPENDITURES

This year's reporting required of us to fill in the FY2004 expenditure total. The FY2004 budget period is from 10/01/03 through 09/30/05, therefore, the annual final Financial Status Report will not be due until 12/31/05.
At this time when we are preparing the FY2006 budget, the FY2004 expenditure projection is at 92%. The unobligated total is due to difficulty in filling positions, e.g. Children with Special Health Care Needs Specialist and Nutritionist, and also there were lapsed funding due to prolong recruitment processing when vacated positions are being fulfilled.
Where there is unobligated cost in personnel, there would be an unobligated cost was well on the fringe benefits and on the indirect cost line items.

Other expenditures incurred, as follow:

Training -- a dental assistant training was conducted and the development of the prenatal dental care for the MCH Program; participation on the MCH Leadership certificate program; participation on the Head Start Education Day Health Symposium; participation of the Pacific Immunization Program Strengthening Workshop; participation to the WIC technical assistance workshop; participation on the Breastfeeding of the Healthy Children Project Inc. training program.

Equipment -- purchase of computers for the MCH Coordinator and Fiscal person to replace obsolete computers; purchase of air conditioners at the Children Developmental Assistance Center to replace uneconomical repairable units.

Other costs -- support the costs of communication, printing of educational materials and replenishment of clinic forms, repair cost for office equipment and vehicles, courier services and fuel.

B. BUDGET

The budget justification that is attached outlines the allocation of funds used within the Maternal and Child Health block grant and the State. It describes allocation by category and by services, for example children with special health care needs. The CNMI Department of Finance and Accounting will be limited to use 10% of total grant amount for indirect cost even though the negotiated indirect cost is currently at 14.57%. The Department of Finance and Accounting ensures that funds are expended accordingly and processes the Financial Status Reports for all programs at the Division of Public Health.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.